

(Almost) Everything You Wanted to Know about Sex Offenders

George Parker, M.D.

Medical Director,
Division of Mental Health & Addiction;
Associate Professor of Clinical Psychiatry &
Director of Forensic Psychiatry,
Indiana University School of Medicine

Outline

- ▶ Demographics
- ▶ Psychiatric disorders
- ▶ Who commits sex offenses?
 - Adults
 - Juveniles
- ▶ Risk of re-offense
- ▶ Treatment

The Scope of the Problem

- ▶ In 2004, nearly 210,000 cases (~4,500 in Indiana) of attempted or actual rape or sexual assault occurred in the U.S.
 - 97% of victims (age 12 or older) were female.
 - 30% of perpetrators were strangers.
 - 36% of victimizations were reported to the police.
 - ▶ Compared to 85% of auto thefts, 64% of aggravated assaults, 53% of burglaries and 45% of simple assaults.

The Scope of the Problem

- ▶ There were 26,000 convictions of adults for sexual assault or rape in 2002 in the U.S (~550 in Indiana).
 - 84% were sentenced to jail or prison.
 - The mean maximum sentence was 6 years and 8 months for male offenders.

Who Commits Sex Offenses?

- ▶ What do you think of when someone says 'sex offender'?
- ▶ Gender?
- ▶ Age?
- ▶ Type of offense?
- ▶ Age and gender of victim?
- ▶ Relationship of offender to victim?
- ▶ Diagnosis or condition of offender (if any)?
- ▶ Risk of re-offense?
- ▶ Role of treatment for offender?

Gender Profile

Victim Age (years)	% of Sex Offenses due to Female Offender
<6	12%
6 to 12	6%
12 to 17	3%
Adult	1%

Age Profile

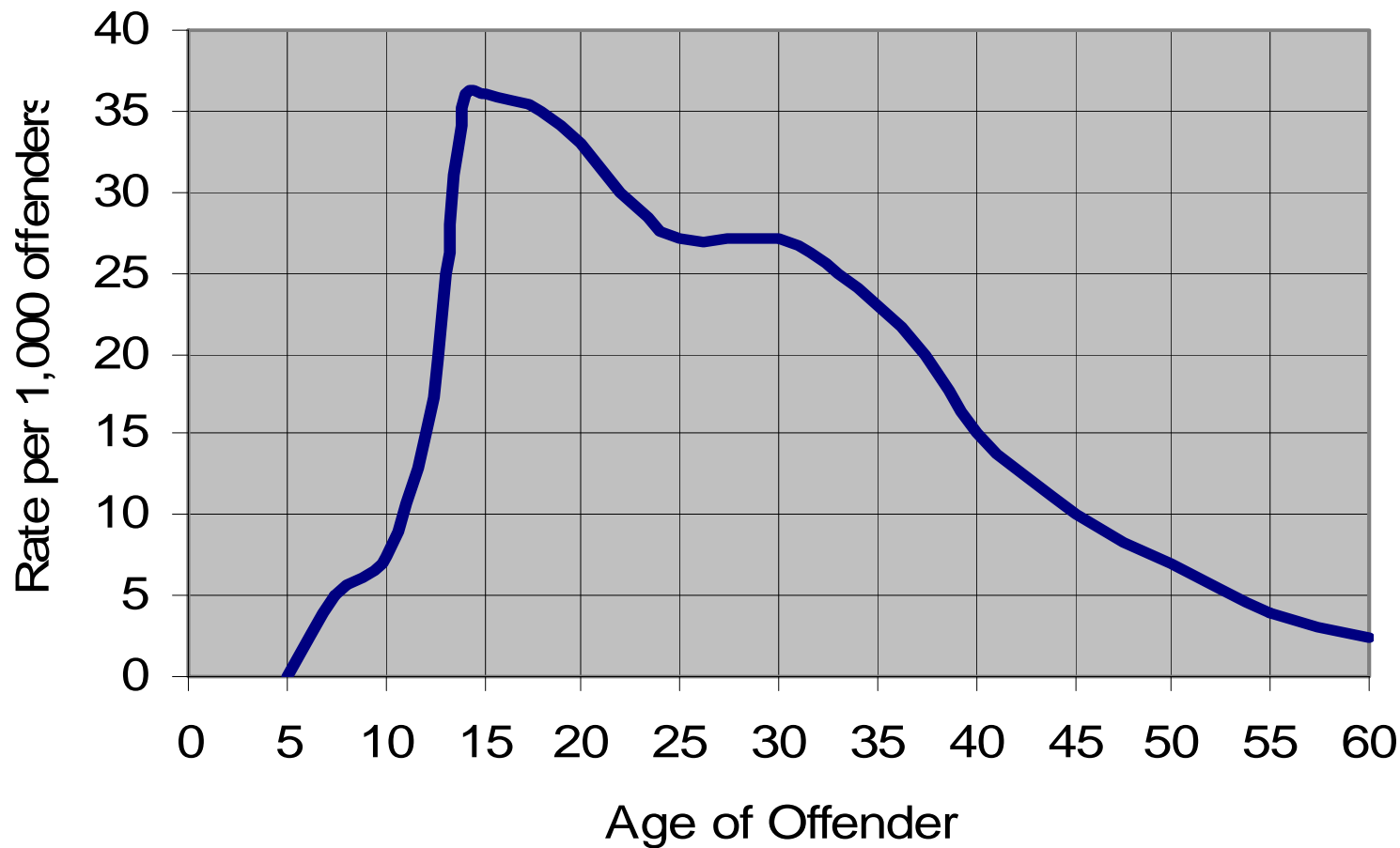
<u>Offender</u> <u>Age</u>	All sexual assaults	Forcible rape	Forcible sodomy	Sexual assault with object	Forcible fondling
Juveniles	23.2%	17.0%	36.2%	23.45	27.0%
7 to 11	3.6	1.3	8.2	4.1	5.2
12 to 17	19.5	15.7	28.1	19.3	21.8
Adults	76.8%	83.0%	63.8%	76.6%	73.0%
18 to 24	21.7	29.1	15.2	17.3	15.8
25 to 34	26.7	30.6	24.3	27.1	23.1
>34	28.4	23.4	24.2	32.2	34.1

Rate of Offending

- ▶ The highest rate of sex offenses occurs at age 14 and declines steadily thereafter.



Rate of Offending by Age



Who are 'Sex Offenders'?

- ▶ People convicted of a sex offense.
 - Generally based on behavior, not thoughts.
- ▶ In Indiana, according to the sex offender registration statute, a wide range of offenses can qualify a person as a 'sex offender.'

Sex Offenses

▶ Rape:

- A person engages in sexual intercourse with another person by use or threat of force, or with a person who cannot give consent.

▶ Criminal deviate conduct:

- A person engages in deviate sexual conduct with another person by use or threat of force, or with a person who cannot give consent.
 - ▶ Deviate sexual conduct: oral or anal sex or penetration of sex organ or anus with an object.

Sex Offenses

▶ Child molest:

- A person engages in sexual intercourse or deviate sexual conduct with a child less than 14 years old.
- A person who fondles or touches a child less than 14 in order to sexually arouse or gratify the child or the offender.

▶ Child exploitation:

- Production, dissemination or provision of pornography involving a person less than 18 years old.

Sex Offenses

- ▶ Possession of child pornography:
 - Owning pornography depicting a child less than 16.
- ▶ Vicarious sexual gratification:
 - An adult causes a child younger than 16 to fondle him or herself or to engage in sexual activity with another person.
- ▶ Child solicitation:
 - An adult solicits a child younger than 14 to engage in sexual intercourse, deviate sexual conduct or fondling.

Sex Offenses

▶ Child seduction:

- An adult who has a quasi-parental role, is a childcare worker, or works in a school and engages in sexual intercourse, deviate sexual conduct or fondling with a child between 16 and 18 years old.

▶ Sexual battery:

- A person who, by use or threat of force, compels another person to submit to touching intended to arouse sexual desire.

Sex Offenses

- ▶ Sexual misconduct with a minor:
 - An adult engages in sexual intercourse or deviate sexual conduct with a child between 14 and 16 years old.
- ▶ Incest:
 - An adult engages in sexual intercourse or deviate sexual conduct with a person who is a first or second-degree relative.
- ▶ Kidnapping or criminal confinement:
 - If the victim is less than 18.

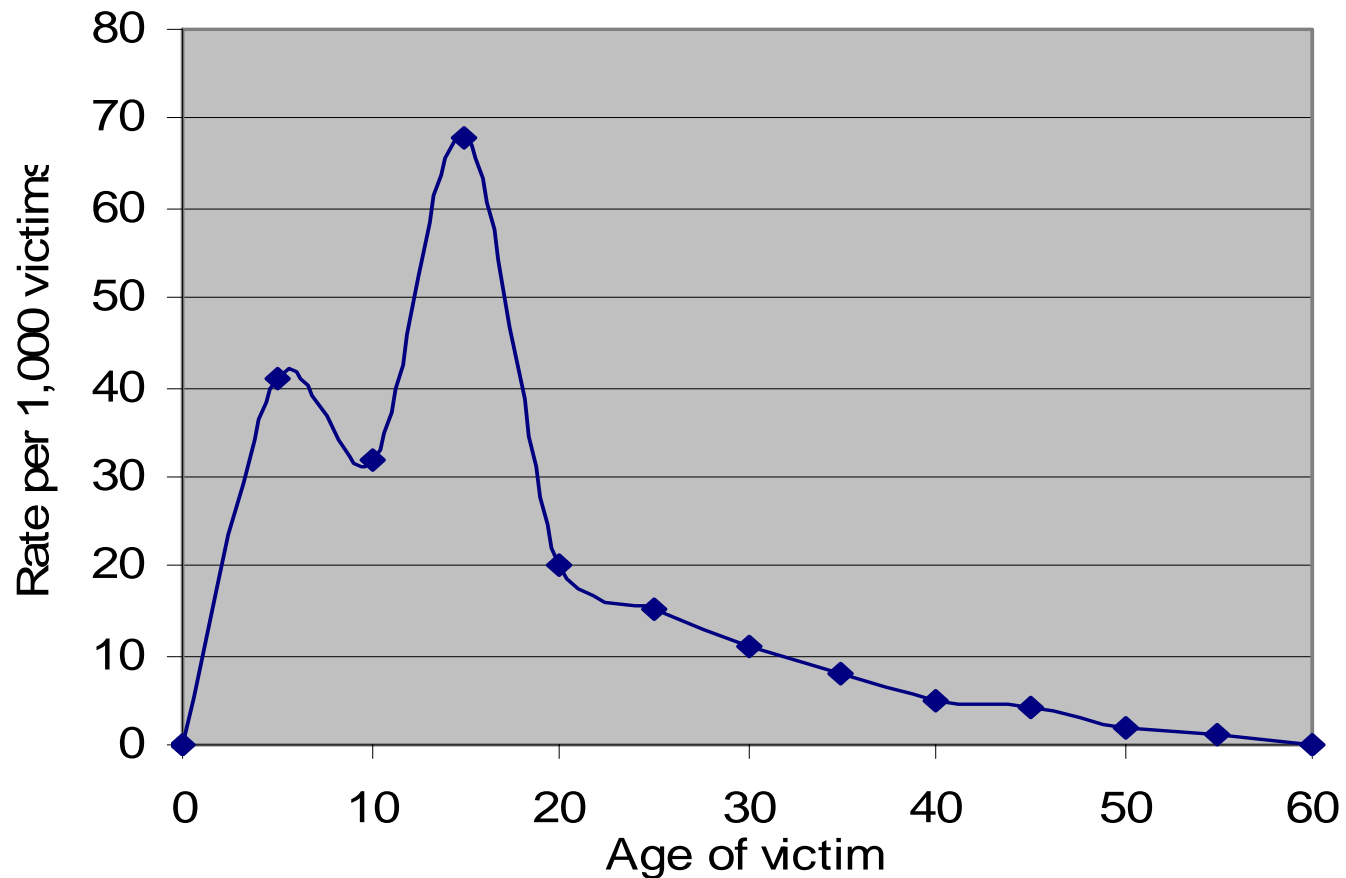
Sex Offenses

- ▶ Some are limited to adults:
 - Vicarious sexual gratification, child solicitation, child seduction, sexual misconduct with a minor, and incest.
- ▶ The rest are not:
 - Rape, criminal deviate conduct, child molest, child exploitation, possession of child pornography, sexual battery, kidnapping and criminal confinement.

Who are the Victims?

- ▶ Of sexual assaults reported to the police:
 - Two-thirds of the victims were less than 18 years old.
 - One in three of the victims was less than 12 years old.
 - One of every seven victims was less than six years old.
- ▶ An arrest was made in 27% of all sexual assaults:
 - 19% of assaults on children <6 years old
 - 33% of assaults on children 7 to 11 years old
 - 32% of assaults on children 12 to 17 years old
 - 22% of assaults on adults

Age Distribution of Victims

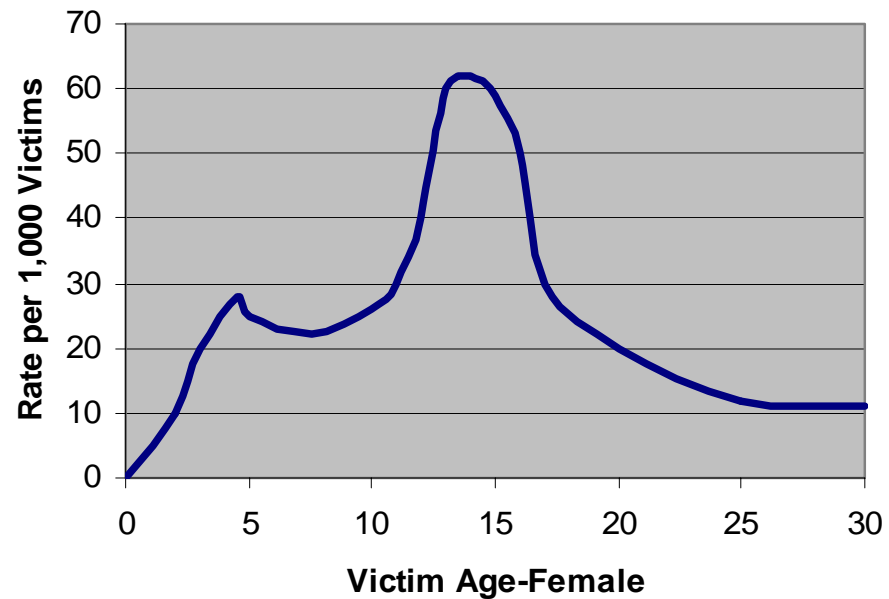
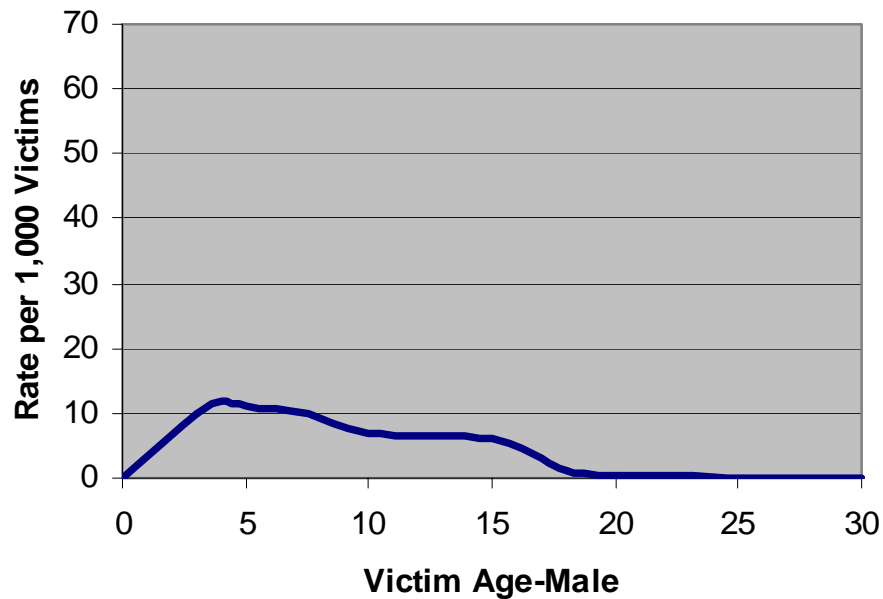


Sexual Assault of Young Children, 2000

Victim Rate by Gender

- ▶ Highest risk for sexual assault:
 - Age 4 for boys.
 - ▶ Very few adult male victims.
 - Age 14 for girls, with a secondary peak at age 4.

Victim Rate by Gender



Highest Victim Rate by Offense

- ▶ Age 15 for forcible rape.
- ▶ Age 4 for forcible sodomy.
- ▶ Age 3-4 for sexual assault with an object.
 - With a secondary peak at age 14.
- ▶ Age 13 for forcible fondling.
 - With a secondary peak at age 4.

Gender Profile of Victims

- ▶ The proportion of female victims increases with age:
 - 69% of victims less than 6 years old.
 - 75% of victims 7-11 years old.
 - 91% of victims 12-17 years old.
 - 95% of victims older than 18.

Age Profiles

- ▶ Younger victims of sex offenses had younger perpetrators:
 - For victims less than 6 years old:
 - ▶ 13% of offenders were 7 to 11 years old
 - ▶ 27% of offenders were 12 to 17 years old.
 - For victims 6 to 11 years old:
 - ▶ 39% of offenders were less than 18 years old.
 - For victims 12 to 17 years old:
 - ▶ 27% of offenders were less than 18 years old.

Victim-Offender Relationship

- ▶ Few child victims are assaulted by strangers.
 - Less than one in ten.



Victim-Offender Relationship

Crime	Number of inmates	Stranger	Own child	Other family	Friend	Intimate
Rape and Sexual Assault	32,923	9.9%	33.4%	12.5%	40.1%	4.1%
Rape	7,099	11.9%	36.2%	8.9%	36.9%	6.0%
Sodomy	1,303	4.3%	35.9%	27.9%	22.2%	9.6%
Statutory rape	878	0	27.9%	0	72.1%	0
Lewd acts	7,136	6.9%	31.9%	17.9%	40.8%	2.6%
Other assault	16,507	11.3%	32.9%	11.2%	40.9%	3.6%

Child Victimized: Violent Offenders and their Victims, 1996

Victim-Offender Relationship

- ▶ The proportion of stranger assaults increases with age.



Victim-Offender Relationship in Sexual Assault

	Offender		
Victim Age	Family Member	Acquaintance	Stranger
All Victims	26.7%	59.6%	13.8%
Juveniles	34.2%	58.7%	7.0%
0 to 5	48.6%	48.3%	3.1%
6 to 11	42.4%	52.9%	4.7%
12-17	24.3%	66.0%	9.8%
Adults	11.5%	61.1%	27.3%
18 to 24	9.8%	66.5%	23.7%
25 and older	12.8%	57.1%	30.1%

Psychiatry and Sex Offenses

- ▶ The field of psychiatry has generally focused on the consequences of being sexually abused.
- ▶ Many disorders are more common among abuse victims than in people without an abuse history:
 - Post-traumatic stress disorder and other anxiety disorders
 - Mood disorders
 - Substance abuse disorders
 - Personality disorders

Psychiatry and Sex Offenders

- ▶ One role has been to determine whether a person who committed a sex offense is mentally ill:
 - Colorado Sex Offenders Act (1963) allowed an indeterminate sentence for habitual offenders with a mental illness.
 - ▶ Specht v. Patterson, 386 U.S. 605 (1967).
 - Illinois Sexual Dangerous Persons Act (1985) allowed commitment for treatment if a person had a mental disorder and a propensity to commit sexual offenses.
 - ▶ Allen v. Illinois, 478 U.S. 364 (1986).

Mental Disorders

▶ Serious mental disorders:

- Schizophrenia

- ▶ Chronic hallucinations, delusions, disorganization.

- Bipolar disorder

- ▶ Mania alternating with depression.
 - ▶ Mania: one week of elevated mood, high energy, racing thoughts, no need for sleep, grandiose thoughts, and very impulsive decision-making.

- Major depression

- ▶ Persistent depressed mood, changes in sleep, appetite and concentration, and thoughts of suicide.

Mental Disorders

- ▶ Personality disorders: persistent dysfunctional patterns of behavior.
 - Antisocial personality: an adult who, since the age of 15, has shown a persistent disregard for and violation of the rights of others, based on:
 - ▶ Repeated criminal behavior
 - ▶ Lying and deceit for personal profit or pleasure
 - ▶ Repeated fights or assaults
 - ▶ Reckless disregard for safety of self or others
 - ▶ Irresponsibility
 - ▶ Lack of remorse

Child Mental Disorders

- ▶ Attention deficit hyperactivity disorder (ADHD):
 - 6 months of symptoms of inattention and/or hyperactivity and impulsivity that cause impairment in function at home, school or work.
- ▶ Conduct disorder:
 - 12 months of a persistent pattern of violating rules and/or the rights of others by:
 - ▶ Being aggressive to people or animals
 - ▶ Destroying property
 - ▶ Stealing from or conning others
 - ▶ Violating rules at home or school

Sexual Disorders

▶ Paraphilias:

- "Recurrent, intense sexually-arousing fantasies, sexual urges, or behaviors generally involving:
 - ▶ nonhuman objects;
 - ▶ the suffering or humiliation of oneself or one's partner;
 - ▶ children or other non-consenting persons
 - ▶ that occurs over a period of at least 6 months."
- Must cause distress or impairment in social, occupational, or other areas of function.

Paraphilias in DSM-IV

▶ Exhibitionism

- Recurrent exposure of genitals to a stranger.
- Onset usually before age 18.
- May become less severe after age 40.
 - ▶ Based on fewer arrests

▶ Fetishism

- Recurrent use of non-living objects for sexual arousal.
- Often involves articles of women's clothing.
- Tends to be chronic, after onset in adolescence.

Paraphilias in DSM-IV

▶ Frotteurism

- Recurrent touching of or rubbing against a non-consenting person.
- Often occurs in crowded settings.
- Declines in frequency after age 15-25.

▶ Transvestic Fetishism

- Cross-dressing by a man in women's clothing.
- Described only in heterosexual males.

▶ Voyeurism

- Observing unsuspecting persons who are naked, disrobing or engaged in sexual activity.
- Chronic course after onset before age 15.

Paraphilias in DSM-IV

▶ Sexual Masochism

- Use of the act or thought of humiliation or suffering in sexual behavior.
- Usually chronic, involving the same act.
- Hypoxyphilia is a dangerous form.

▶ Sexual Sadism

- Deriving sexual excitement from the psychological or physical suffering of a victim.
- May be solitary, with a consenting partner, or with a non-consenting partner.
- Usually chronic.

Paraphilias in DSM-IV

▶ Pedophilia

- The act or thought of sexual activity with a prepubescent child (12 or younger) by someone 17 or older and at least five years older than the child.
- Usually attracted to a particular age range.
- May be attracted to boys, girls or both.
- Some are aroused only by children.
- May limit behavior to own children.
- Typically rationalize their behavior:
 - ▶ 'Educational'
 - ▶ 'Child derives pleasure from activity'
 - ▶ 'Child is sexually provocative.'

Psychiatric Co-morbidity

- ▶ What psychiatric disorders (not including paraphilias) are common among people who have committed a sex offense?



Diagnoses among Juveniles

- ▶ There is only one study on juveniles who committed a sex offense:
 - Among 22 adolescents who abused other children:
 - ▶ 100% would have met criteria for a diagnosis of pedophilia if they were adults
 - ▶ 95% met criteria for at least one other paraphilia
 - ▶ 94% met criteria for conduct disorder
 - ▶ 82% met criteria for a mood disorder
 - ▶ 71% met criteria for ADHD
 - ▶ 55% met criteria for an anxiety disorder

Diagnoses among Adults

- ▶ There is a somewhat larger database for adults who have committed a sex offense:
 - Among 113 men convicted of a sex offense:
 - ▶ 85% had a substance abuse problem
 - ▶ 84% had a paraphilia
 - ▶ 58% had a mood disorder
 - ▶ 56% had antisocial personality disorder
 - ▶ 38% had an impulse disorder
 - ▶ 23% had an anxiety disorder

Diagnoses among Adults

- In a study of 120 men with paraphilias or related disorders, 60 of whom had committed a sex offense:
 - ▶ 72% had a mood disorder
 - ▶ 40% had a substance abuse problem
 - ▶ 38% had an anxiety disorder
 - ▶ 36% had a history of ADHD
 - ▶ The authors did not evaluate the group for personality disorders

Diagnoses among Pedophiles

- Among 45 male pedophiles who committed a sex offense:
 - ▶ 67% had a mood disorder
 - ▶ 64% had an anxiety disorder
 - ▶ 60% had a substance abuse problem
 - ▶ 60% had a personality disorder
 - 25% obsessive-compulsive
 - 23% antisocial
 - 20% narcissistic and avoidant
 - ▶ 53% had another paraphilia

Psychiatric Co-morbidity

- ▶ People who have committed a sex offense are very likely to have one or more psychiatric diagnoses:
 - Substance abuse
 - Personality disorder
 - Mood disorder
 - Anxiety disorder
 - ADHD

Are Paraphilias Mental Disorders?

- ▶ They are included in the DSM-IV-TR, which is a 'Manual of Mental Disorders.'
- ▶ Indiana civil commitment statute defines mental illness as:
 - "A psychiatric disorder that:
 - (A) substantially disturbs an individual's thinking, feeling, or behavior; and
 - (B) impairs the individual's ability to function."

Are Paraphilias Mental Disorders?

- ▶ Paraphilias are not used as grounds for civil commitment, which, in Indiana, can occur when an individual is:
 - “Mentally ill and either dangerous or gravely disabled”
- ▶ In 2006, the governor of New York ordered the use of state commitment laws for SVP's.

Are Paraphilias Mental Disorders?

- ▶ A Kansas state court held that pedophilia qualified as a 'mental abnormality,' in the context of the state's Sexually Violent Predator Act, which defined it as:
 - "A congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person to commit sexually violent offenses."
- ▶ The U.S. Supreme Court agreed, and said that states have the right to define 'terms of a medical nature.'

Any questions so far?



Categories of People who Commit Sex Offenses

- ▶ Those who are never caught and stop offending on their own.
- ▶ Those who are never caught and continue to offend.
- ▶ Those who are caught and never offend again after detection.
- ▶ Those who are caught and stop offending after treatment.
- ▶ Those who are caught and do not stop offending despite treatment and legal consequences.

Juvenile Sexual Behavior

- ▶ When and what kinds of sexual behavior among juveniles are part of normal sexual development?
 - Social, religious, moral and political influences help determine the answer.
 - There is relatively little solid data in this area, because it's hard to do research on such a controversial topic.

Juvenile Sexual Behavior

- ▶ When is juvenile sexual behavior a problem?
 - When it deviates from the expected behavior for age.
 - ▶ Deviance is actually a statistical definition, but it has moral connotations in this context.
 - When it violates a law.
 - When it involves children.
 - ▶ Children are not capable of giving consent to participate in sexual acts with adolescents or adults even if they are 'willing.'
 - When threats or force are used (at any age).

Juvenile Sexual Behavior

- ▶ Based on the Child Sexual Behavior Inventory, some sexual behaviors are rare in juveniles who are not sexual offenders:
 - Intimate touching of other children.
 - Asking others to engage in sex.
 - Rubbing genitals against others.
 - Inserting objects in vagina or rectum.
 - Trying to undress other children.

Juveniles Who Commit Sex Offenses

- ▶ Few juveniles are specialists in sex offenses.
 - They also commit a wide range of other offenses, including aggression, bullying, vandalism, fire-setting, animal cruelty, shoplifting, drug and alcohol abuse.
- ▶ The first sex offense may be preceded by an escalating pattern of offending.
- ▶ Juveniles who commit sex offenses have a less extensive criminal history than non-sex offenders.

Female Juveniles who Commit a Sex Offense

- ▶ Actual prevalence is difficult to determine
 - Due to low frequency and/or under-reporting.
- ▶ High frequency of history of physical (20-60%) or sexual abuse (50-100%).
 - Higher than boys; the abuse is usually more severe.
 - High prevalence of PTSD, mood disorders and conduct disorder.
- ▶ The majority of offenses are against children younger than six, often in the context of providing childcare;
 - Victims are both genders and are rarely peers or adults.

Types of Female Juveniles who Commit a Sex Offense

- ▶ **Naïve/experimenter:**
 - Does not use force, limited offending behavior, motivated by curiosity, little mental illness.
 - Low risk of re-offense and good prognosis in treatment.
- ▶ **More extensive sexual acting-out:**
 - History of sexual abuse (often parallel to offending) and troubled families; mood disorders are common.
 - Treatment is complex but generally has a good prognosis.
- ▶ **Pervasive sexual acting-out:**
 - High levels of history of own abuse and of mental illness; poor impulse control; use of threats or force in offending; longer-term offending; multiple victims.
 - Treatment is challenging and may require residential placement.

Intermission



Risk of Re-offense

- ▶ The issue that the public and the criminal justice system worries about the most.



Risk of Re-offense

- ▶ There is risk to seeing all people who commit a sex offense as at high risk of re-offense.
 - Some may not be at high risk of re-offense.
- ▶ There is also risk in seeing little need for specialized assessment and treatment.
 - Those at high risk do not receive appropriate monitoring and treatment.

Measurement of Risk

- ▶ Official statistics on recidivism risk are inherently conservative.
 - Sexual assaults are under-reported
 - Most studies are based on re-arrest or reconviction
- ▶ The longer the study period, the higher the risk.
- ▶ Use of unofficial sources can double the number of re-offenses.
- ▶ Use of polygraph interviews can also increase the number of re-offenses.

Adult Risk of Re-offense

- ▶ A meta-analysis of recidivism showed that, over five years:
 - The risk of any sexual re-offense is 14%.
 - ▶ Based on 73 studies, with a total of 19,267 subjects
 - The risk of violent re-offense, including sexual violence, is 14%.
 - ▶ 29 studies, 11,361 subjects
 - The risk of any re-offense was 37%.
 - ▶ 56 studies, 12,708 subjects

Adult Risk of Re-offense

- ▶ Another study pooled data from 10 published reports, covering 4,724 adult male sex offenders, and found that:
 - Most offenders did not commit another sexual offense.
 - Those who molested boys were at highest risk.
 - Those who committed incest were at lowest risk.
 - Those with a prior sex offense conviction had twice the risk of re-offense compared to those without a prior conviction.
 - The risk of re-offense declined with age.

Sexual Recidivism

Offender Group	5 years	10 years	15 years
All Offenders	14%	20%	24%
Rape	14%	21%	24%
Incest	6%	9%	13%
Child molest, boys only	23%	28%	35%

Sexual Recidivism

	5 Years	10 Years	15 Years
Offenders <u>with</u> a prior sex conviction	25%	32%	37%
Offenders <u>without</u> a prior sex conviction	10%	15%	19%

Sexual Recidivism

	5 Years	10 Years	15 Years
Age <u>less than</u> 50 at time of release	15%	21%	26%
Age <u>more than</u> 50 at time of release	7%	11%	12%

Adult Risk Factors

- ▶ There is general consensus that sexual recidivism is associated with two broad factors:
 - Deviant sexual interests, or paraphilias (moderate correlation) and
 - Antisocial personality (small correlation) and the unstable lifestyle that accompanies it.

Adult Risk Factors

- ▶ Some highly plausible factors are not related to recidivism:
 - The seriousness of the offense
 - Denial of the offense (no correlation, $r=.02$)
 - Lack of empathy for the victim (no correlation, $r=.03$)
 - Low motivation for treatment (no correlation, $r=.01$)
 - History of sexual abuse (no correlation, $r=-.01$)

Adult Risk Factors

- ▶ Predictors of sexual recidivism:
 - Sexual interest in boys (large correlation)
 - History of prior sexual offenses (small correlation)
 - Failure to complete treatment (small correlation)
 - Stranger victim (small correlation)

Juvenile Risk of Re-offense

- ▶ Juveniles who commit a sex offense are far more likely to re-offend with a non-sexual offense than with another sex offense:
 - 15% recidivism risk for a sex offense
 - 55% recidivism risk for any offense (including sex offenses).

Juvenile Risk of Re-offense

- ▶ Many juveniles who commit a sex offense do not become adult sex offenders.
 - Perhaps as few as 10%, but they may be persistent.
 - A study of 300 adolescent offenders, followed for an average of over 7 years, found that 25% re-offended in adolescence, but only 1.5% re-offended as adolescents and as adults.

Juvenile Developmental Factors

- ▶ Juveniles who are sex offenders have the same developmental risk factors, as juvenile non-sex offenders:
 - Neuropsychiatric problems
 - Behavioral problems
 - Family environment problems
 - Low socioeconomic status
 - Absent-father homes
 - Family violence
- ▶ But juveniles who commit sex offenses tend to have more severe problems in each area.

Juvenile Risk Factors

- ▶ There is strong research support for an increased risk of sex re-offense if a juvenile offender has:
 - Sexual interest in prepubescent children
 - Offended more than once, despite prior legal sanctions
 - More than one victim in the sex offense
 - A stranger as the victim of the sex offense
 - A history of social isolation
 - ▶ Unable to form or uninterested in intimate peer relationships
 - No history of specialized treatment

Juvenile Risk Factors

- ▶ There is some research support for an increased risk of sex re-offense if a juvenile offender has:
 - Problems with parent-adolescent relationship
 - High stress family environment
 - Impulsivity
 - Antisocial attitudes

Juvenile Risk Factors

- ▶ There is little or no research support for an increased risk of sex re-offense for juvenile offenders with:
 - History of childhood sexual abuse
 - History of non-sexual offenses
 - Denial of sexual offenses
 - Low victim empathy

Risk Assessment

- ▶ Actuarial assessment is generally considered superior to unstructured clinical judgment in assessing the risk of sex re-offense among adults.
 - There is a vigorous debate in the research community as to whether actuarial assessment should entirely replace clinical assessments or whether they should be combined.
 - A recent comprehensive study of violence among those with mental illness led to development of a computer-based decision tree, but the authors recommended using it in the context of a thorough clinical evaluation.

The Low Base Rate Problem

- ▶ If the overall base rate of an event is low, then prediction becomes difficult.
 - If the risk of re-offense is 10% over 10 years, the prediction that no one would re-offend would have an accuracy of 90% and an error rate of only 10%.

Actuarial Assessment

- ▶ **STATIC-99: 10 items, all historical and static:**
 - ▶ 25 or older
 - ▶ Lived with a partner for more than two years
 - ▶ Conviction for violent offense at time of sexual offense
 - ▶ Previous history of non-sexual violence
 - ▶ Prior sex offense (up to 3 points)
 - ▶ Prior convictions
 - ▶ Prior conviction for non-contact sex offenses
 - ▶ Unrelated victims
 - ▶ Strangers as victims
 - ▶ Male victims

STATIC-99 Scoring

Total Score	Level of Risk
0,1	Low
2,3	Moderate to low
4,5	Moderate to high
6+	High

STATIC-99 Recidivism Risk

STATIC-99 Score	Sexual Recidivism			Violent Recidivism		
	5 Years	10 Years	15 Years	5 Years	10 Years	15 Years
0	.05	.11	.13	.06	.12	.15
1	.06	.07	.07	.11	.17	.18
2	.09	.13	.16	.17	.25	.30
3	.12	.14	.19	.22	.27	.34
4	.26	.31	.36	.36	.44	.52
5	.33	.38	.40	.42	.48	.52
6+	.39	.45	.52	.44	.51	.59

RRASOR

- ▶ Rapid Risk Assessment for Sexual Offense Recidivism.
 - Four items, drawn from the STATIC-99
 - ▶ Age less than 25
 - ▶ Any unrelated victims
 - ▶ Any male victims
 - ▶ Prior sex offenses (up to 3 points)
 - Similar risk scoring as STATIC-99

RRASOR Recidivism Risk

RRASOR Score	Sexual Recidivism Rate (%)	
	5 Year	10 Year
0	4.4	6.5
1	7.6	11.2
2	14.2	21.1
3	24.8	36.9
4	32.7	48.6
5	49.8	73.1

Clinical vs. Actuarial

- ▶ A British government study compared the STATIC-99 to Parole Board determinations of high risk.
 - Parole Board members identified 11 of 13 (at 4 years follow-up) and 9 of 11 (at 6 years follow-up) re-offenders as high risk.
 - STATIC-99 identified 6 of 13 and 5 of 11 as high risk.
 - Parole Board identified 82 (4 years) and 32 (6 years) as high risk overall.
 - STATIC-99 identified 19 and 14 as high risk overall.

Clinical vs. Actuarial

Follow-up	Reconviction	Parole Board High Risk	Parole Board Not high risk	STATIC-99 High Risk	STATIC-99 Not high risk	Total
4 Years	Sexual Offense	7	0	3	4	7
	Violent Offense	4	2	3	3	6
	Neither	71	60	13	118	131
	Total	82	62	19	125	144
6 Years	Sexual Offense	7	1	4	4	8
	Violent Offense	2	1	1	2	3
	Neither	23	50	9	64	73
	Total	32	52	14	70	84

Limits of Actuarial Tools

- ▶ As the base rate decreases, the accuracy of actuarial tools also decreases.
 - There is an increasing risk of falsely identifying an offender as at high risk for re-offense.
- ▶ The base rate of sexual recidivism is low in some categories of offenders:
 - Incest offenders
 - Offenders older than 40 and particularly those older than 60

Risk Assessment of Juveniles

- ▶ There are no actuarial tools (yet).
- ▶ Empirically-guided decision tools, which combine static and dynamic factors, show promise:
 - Juvenile Sex Offender Assessment Protocol II (J-SOAP II).
 - Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR).

Principles of Risk Assessment

- ▶ The assessment should be thorough, based on information from multiple sources and include both static and dynamic risk factors.
- ▶ Any estimate of risk should be limited and qualified:
 - Precise evaluations are not possible.
 - All limits to the report should be disclosed.
 - Any estimate of risk should be as specific as possible and time-limited.

Juvenile Risk Assessment

- ▶ Evaluators should be trained in assessment of adolescents, their families and sex offenses.



Treatment

- ▶ 'Never too early, never too late.'



Treatment Models

- ▶ There are four major themes in the treatment of sex offenders:
 - Cognitive-behavioral
 - Relapse prevention
 - Working with denial
 - Development of victim empathy
- ▶ These overlap with each other and are often used in combination.
- ▶ The primary treatment modality is group therapy.

Cognitive-Behavioral Treatment

- ▶ The primary goal is to modify or restructure cognitive distortions associated with sex offending behavior by:
 - Educating offenders about how their thinking patterns lead to and maintain offending behavior.
 - Helping offenders identify cognitive distortions.
 - Teaching offenders how to challenge and dispute their distortions.
 - Developing an understanding of the impact of their offending behavior on victims.

Relapse Prevention

- ▶ Relapse prevention is built on the concept of a sexual assault cycle:
 - Many preliminary steps precede and lead up to a sexual assault and each step provides an opportunity to stop the cycle.
 - ▶ The 'local train' vs. the 'express train.'
- ▶ Sex offenders are taught how to:
 - Identify the steps of their assault cycle.
 - ▶ The role of 'seemingly unimportant decisions.'
 - ▶ The importance of cognitive distortions.
 - Develop coping strategies for each stage of the cycle.

Working with Denial

- ▶ Denial is a major issue in sex offender treatment:
 - It is assumed that without accurate information, assessments are inaccurate and treatment will not be successful.
 - If the person does not acknowledge the existence of a problem, it is difficult to develop a therapeutic relationship.
- ▶ The goal is mutual agreement on the nature of the problem.
 - Denial is relinquished when the offender decides that the benefits of doing so outweigh the risks.

Development of Empathy

- ▶ Empathy is an elusive concept.
 - Be able to recognize someone else's emotional state.
 - Be able to see the world as someone else does.
 - Be able to experience the same emotions.
- ▶ Since sex offenders typically objectify their victims and thus show little empathy, treatment aims to:
 - Train offenders to be emotionally expressive
 - Sensitize offenders to the harm that victims experience
 - Develop victim empathy

The Role of Medication

- ▶ Four states (CA, FL, GA & LA) have laws requiring treatment of some offenders with anti-androgen medications.
 - Treatment efficacy is unclear
 - High dropout rate due to side effects
- ▶ Serotonin reuptake inhibitors (Prozac, Paxil) may be useful.
 - They can reduce obsessive thinking and compulsive behavior.

Response to Treatment

- ▶ There is not much good research on this topic.
- ▶ There is evidence of a medium effect for treatment.
 - Cognitive behavioral treatment and relapse prevention appear to be effective.
 - The overall effect size of treatment is comparable to treatment for other psychological conditions.
 - Several studies have shown no effect of treatment.

Indiana Providers

- ▶ Indiana Sex Offender Management and Monitoring (IN-SOMM).
 - Run by Liberty Behavioral Healthcare.
 - Provides outpatient programs across the state through local providers.
 - Provides programs in DOC facilities.
- ▶ Essentially no inpatient programs
 - One program at Logansport State Hospital, but limited to MI/MR patients.

Treatment of Juveniles

- ▶ Adolescence is a time of transition, experimentation and rapid change.
- ▶ Juveniles who have committed a sex offense need to have treatment interventions that are designed to fit their developmental needs, as well as their family, caregiver and community contexts.

Indiana Juvenile Providers

- ▶ There is a coalition of providers of treatment for juvenile sex offenders.
 - Indiana Association of Juvenile Sex Offender Practitioners (IN-AJSOP).
 - Provides training and certification for providers, probation officers and residential staff.
- ▶ Outpatient providers are scattered across the state and there are several residential programs.
 - Most are members of IN-AJSOP.

Legal Consequences of Sex Offenses

- ▶ Conviction often leads to incarceration and, increasingly, long sentences.
- ▶ Release leads to community monitoring efforts and, in some states, prevention detention in treatment facilities.

Registration and Notification

- ▶ Federal laws require states to register all people convicted of a sex offense and to notify the community of their conviction and location.



Federal Laws

- ▶ The Jacob Wetterling Act (1994).
 - Required all sex offenders to register
- ▶ Megan's Law (1996) amended the Wetterling Act.
 - Required mandatory community notification
- ▶ The Pam Lyncher Act (1998) further amended the Wetterling Act.
 - Set minimum registration duration at 10 years and required lifetime registration for 'high risk' offenders.

Indiana Registration

- ▶ Indiana requires everyone 14 or older convicted of a sex offense to register with the local sheriff.
 - Personal information, including a photo, is entered into the offender registry, which is posted on a website run by the Indiana Sheriffs (soon to be run by DOC).
 - Registration is for a minimum of 10 years.
 - Sexual violent predators (SVP) are required to register for life.
 - Lifetime registration is also required for those who were violent during the sex offense or who have a prior sex or violence conviction.

Juvenile Registration

- ▶ In Indiana, a juvenile must register as a sex offender if he/she has committed a delinquent act that is a sex offense and is:
 - at least 14 years old;
 - is on probation or parole or is discharged from a private secure or juvenile detention facility after adjudication; and
 - is found by a court by clear and convincing evidence to be likely to repeat a sex offense.

Indiana Definition of SVP

- ▶ Indiana's SVP statute was amended in 2006 to state that an SVP is a person:
 - Who commits a sex offense:
 - ▶ By use or threat of deadly force,
 - ▶ While armed with a deadly weapon, or
 - ▶ Causes serious injury to the victim;
 - Who is 18 or older and whose victim is 11 or younger.
 - Who has a previous sex offense conviction.

Indiana Definition of SVP

- ▶ If none of the qualifying conditions are met, “the court shall consult with a board of experts” to determine if the offender has a “mental abnormality or personality disorder” that makes him likely to commit another sexual offense.
 - The board is described as “two board-certified psychologists or psychiatrists who have expertise in criminal behavior disorders.”
 - ‘Mental abnormality’ is not defined.

Indiana Consequences of SVP

► Indiana SVP's must:

- Register for life.
- Not live within 1000 feet of a school.
- Not live within one mile of the victim of the offense.

Indiana Consequences of SVP

- ▶ Legislation passed in the 2006 session further requires that:
 - An SVP who commits another offense must be placed on lifetime parole upon release from prison.
 - An SVP on lifetime parole must wear a GPS monitoring device.
 - AN SVP may not live within 1,000 feet of, or work or volunteer at, a school, youth center or public park.

SVP Outcomes

- ▶ In 2005, 17 states allowed indefinite commitment of SVP.
 - Of the 3,493 offenders committed, 427 had been released (12%).
 - ▶ Three states (AZ, CA, WI) accounted for 32% of committees and 80% of the releases.
 - ▶ Four states (MA, MN, NJ, WA), all with programs in existence more than 5 years, accounted for 31% of committees but only 4% of releases.
- ▶ These programs are very expensive.

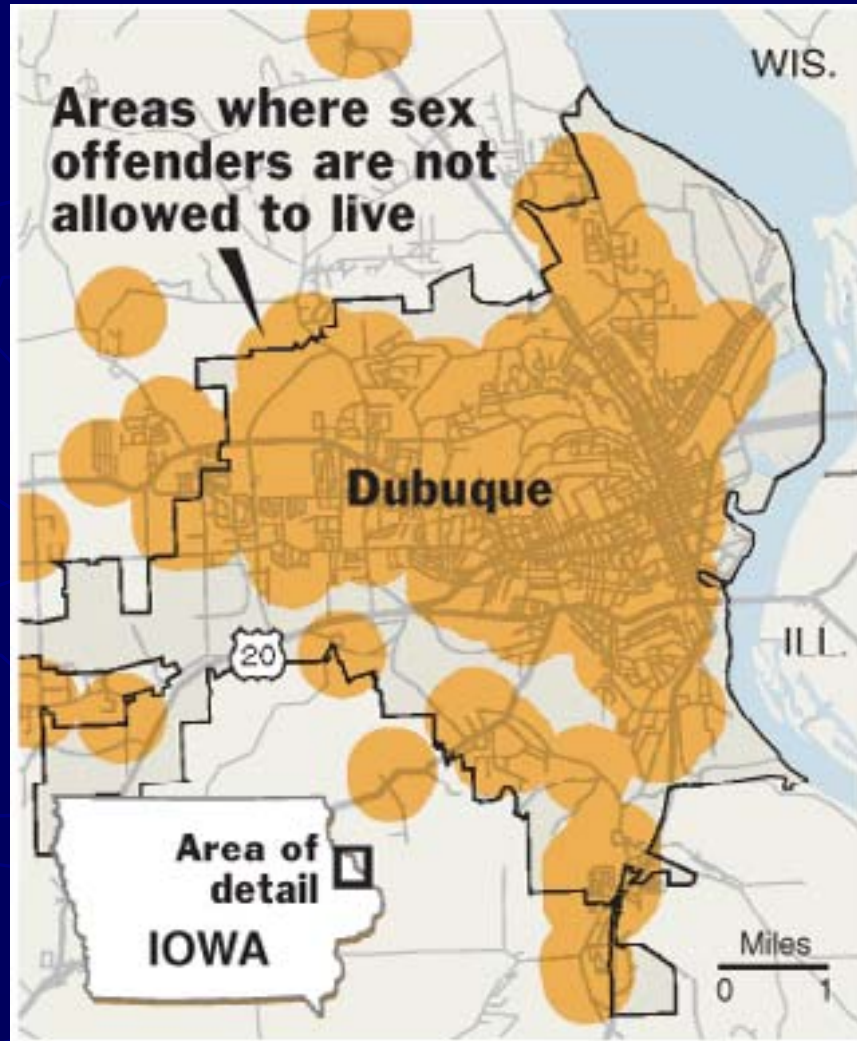
SVP Preventive Detention

- ▶ The costs of these programs are high and increase rapidly.
 - \$50-100,000 per person per year.
 - California is spending \$350 million to build a large facility to house their SVP's.
 - The Virginia SVP budget increased from \$3.7 million in FY 03-04 to \$6.2 million in FY 04-05.

The Effect of Housing Restrictions

- ▶ 18 states have passed such laws.
- ▶ A Florida study found that housing restrictions increased isolation, caused emotional and financial stress and decreased stability among offenders who abused children.
- ▶ Iowa noted a three-fold increase in missing offenders after passage of housing restrictions.
 - From 140 to 400 in one year
- ▶ Studies by CO and MN found no connection between place of residence and risk of recidivism.

The Effect of Housing Restrictions



New York Times, March 2006

Registration of Juveniles

- ▶ There is essentially no data on the effectiveness of these laws on juveniles who commit sex offenses.
- ▶ Juveniles are generally not aware of registration or notification laws.
 - The laws may prevent re-offense, but are unlikely to prevent the initial offense.
 - Juveniles who are registered have reported increased harassment in the community.
 - Offenders may be convicted of other offenses to avoid the registration requirements.
 - ▶ Supported by research from SC and IL.

Conclusions

- ▶ What do you think of when someone mentions 'sex offender'?
- ▶ Gender?
- ▶ Age?
- ▶ Type of offense?
- ▶ Age of victim?
- ▶ Relationship to victim?
- ▶ Diagnosis or condition (if any)?
- ▶ Risk of re-offense?
- ▶ Role of treatment?

Thank you



Sources of Information

► Websites:

- Bureau of Justice Statistics
 - www.ojp.usdoj.gov/bjs/
- Center for Sex Offender Management
 - www.csom.org
- Indiana Association of Juvenile Sex Offender Practitioners
 - www.in-ajsop.org
- National Institute of Corrections
 - www.nicic.org/webgateway_202.htm

Sources of Information

► Research Reports:

- Actuarial versus Clinical Assessments of Dangerousness.
 - TR Litwack, Psychology, Public Policy and Law, 2001.
- The Characteristics of Persistent Sexual Offenders: A Meta-Analysis of Recidivism Studies.
 - RK Hanson & KE Morton-Bourgon, Journal of Consulting and Clinical Psychology, 2005.
- Child Victimizers: Violent Offenders and their Victims.
 - Bureau of Justice Statistics, 1996.
 - Using data from 1991 Survey of Inmates in State Correctional Facilities, done by the Census Bureau.

Sources of Information

- Criminal Victimization Survey, 2004.
 - ▶ Bureau of Justice Statistics National Crime Victimization Survey, 2005.
- Involuntary Commitment of Sexually Violent Predators: Comparing State Laws.
 - ▶ Washington State Institute for Public Policy, 2005.
- Predicting Relapse: A Meta-Analysis of Sexual Offender Recidivism Studies.
 - ▶ RK Hanson and MT Bussiere, Journal of Consulting and Clinical Psychology, 1998.
- Recidivism of Sex Offenders.
 - ▶ Center for Sex Offender Management, 2001.

Sources of Information

- Sex Offender Recidivism: A Simple Question.
 - ▶ AJR Harris & RK Hanson, Public Safety and Emergency Preparedness Canada, 2004.
- Sex Offenders Emerging from Long-Term Imprisonment: A Study of their Long-Term Reconviction Rates and of Parole Board Members' Judgments of their Risk.
 - ▶ R Hood et al, The British Journal of Criminology, 2002.

Sources of Information

- Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident and Offender Characteristics.
 - ▶ Bureau of Justice Statistics Statistical Report, 2000.
 - Using data from National Incident-Based Reporting System, 1991-1996.
- Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident and Offender Characteristics.
 - ▶ Bureau of Justice Statistics Statistical Report, 2000
 - Using data from National Incident-Based Reporting System, 1991-1996.

Sources of Information

► Books:

- Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision.
 - American Psychiatric Association, 2000.
- Handbook for Sexual Abuser Assessment and Treatment.
 - MS Carich and SE Mussack, eds., Safer Society Press, 2001.
- The Juvenile Sex Offender, 2nd edition.
 - Barbaree HE and Marshall WL, editors. Guilford Press, 2006.

Sources of Information

► Assessment Tools:

- Child Sex Behavior Inventory.
 - <http://nccanch.acf.hhs.gov/pubs/usermanuals/sexabuse/sexabusel.cfm>
- The Development of a Brief Actuarial Risk Scale for Sexual Offense Recidivism. (RRASOR)
 - RK Hanson, Solicitor General of Canada, 1997.
- Juvenile Sex Offender Assessment Protocol-II Manual;
 - Available on National Institute of Corrections website.
- Static-99 Coding Rules, Revised-2003.
 - A Harris et al, Solicitor General Canada.